	SOARD OF HEALTH State File No. 208
BUREAU OF VI	
1. PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH	
County Julia	State Myona
District or Township or Village or Village	
City No. St. Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child Sugovio Sowe	
// Note the let of other	6. Legitimate? 7. Date Man) 2.8 (03.8)
Male births. 3. Sex of Child To be answered ONLY 1. I win, I riplet of other forms of plural 5. No., in order of birth.	of birth 100, 28, 1900
PATHER	14. MOTHER
Full name Librato Formes	Full maiden name Autoria Hernande
9. Residence	15 Residence
(Usual place of abode lote lly me	(Usual place of abode) Lobe, Auyona. If non-resident, give place and state.
If non-resident, give place and state.	16 Color or race
10. Color or race	h. 10
Mexican 11. Age at last birthday 28 (Years)	Mefregu 17. Age at last birthday. [. O(Years)
12. Bi-thplace (city or place) El Paso	18. Birthplace (city or place) Wes
(State or country) Lyas	(State or country)
13. Occupation	19. Occupation
Nature of Industry Vaborer	Nature of industry Housevery
7447) () Provided Two 21. Were precautions taken against oph-	
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(Taken as of time of birth of child herein certified and including this child.) (b) Born silve b	out now dead showe thalmia nematorum?
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
I hereby certify that I attended the birth of this child, who was Born alive or stillborn	
(+ vir + there was no attending physician)	
or midwife, then the father, householder,	
etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Chysician or midwife).	
Clean name added from	
a supplemental report Month, day, year	
Filed 12/10, 1928 att. Wightnesday	
Registrar	
779-1128-104	

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ler of birth states

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